



Lyon & Lyon LLP Docket Information 263/291 书

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Systems and Methods for Tracking Pharmaceuticals Within a Facility the specification of which

(Check One)		is attached hereto OR
	\boxtimes	was filed on February 26, 2002 as United States Application Serial No.
		10/085,472 or PCT International Application No and was amended
		on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign	Country	Date of Filing	Priority Claimed	
Application Number(s)			Yes	N
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I her by claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

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I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the
 knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME OF INVENTOR	FIRST Name CHRISTER	MIDDLE Initial O.	LAST Name ANDREASSON	
201	RESIDENCE & CITIZENSHIP	City Escondido	State or Foreign Country California	Country of Citizenship United States	
	POST OFFICE ADDRESS	2530 Valley View Glen	City Escondido	State or Country Zip Coo California 92026	
INVENTOR'S SIGNATURE 1000000000000000000000000000000000000					-

	FULL NAME OF INVENTOR	FIRST Name JIMMY	MIDDLE Initial C.	LAST Name CAPUTO	
202	RESIDENCE & CITIZENSHIP	City Carlsbad	State or Foreign Country California	Country of Citizen United States	ship
	POST OFFICE ADDRESS	2157 Vista La Nisa	City Carlsbad	State or Country California	Zip Code 92009
INV	/ENTOR'S SIGNATU	JRE Jimmy	C. Capulo	DATE 04/75	-/02

Patent 263/292

POWER OF ATTORNEY By Assignee

SAFETY SYRINGES, INC., assignee(s) of the application for United States Letters Patent for an improvement in

SYSTEMS AND METHODS FOR TRACKING PHARMACEUTICALS WITHIN A FACILITY by Christer O. Andreasson, et al.,

by <u>Christer O.</u>	Andreasson, et al.,			
the specification of which:				
☐ is filed herewith, OR ☐ was filed on February 26, 20002, hav	ving U.S. Patent Application Serial No. 10/086,183,			
to prosecute this application and transact all bu Office, and in countries other than the United St therefor before any competent International Aut	ents, with full power of substitution and revocation, usiness in the United States Patent and Trademark tates, and to do all things necessary or appropriate thorities in connection with any international patent tified application, all of the registered practitioners			
22249 PATENT TRADBMARK OFFICE	LYON & LYON LLP Suite 4700 633 W. Fifth Street Los Angeles, CA 90071 (949) 567-2300			
Please send all inquiries to William A. English	at the above Customer Number.			
I, the undersigned, declare that I have reviewed	d copies of the documentary evidence establishing ad above from the inventor(s) to the assignee(s),			
	eparate cover, copy attached herewith. d belief, title is in the assignee(s) identified above.			
Full Name of Assignee: Safety Syringes, Inc.				
Post Office Address: 1939 Palomar Oaks Way, Suite A, Carlsbad, California 92009				
Signature of Declarant or Assignee:	Date: 4/25/0			
Full Name of Declarant				
If Other Than Assignee: Christer O. Andreasson				
Title of Declarant: President and Chief Executive Officer				
Address of Declarant: 1939 Palomar Oaks Way, Suite A, Carlsbad, California 92009				